

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

PATRICIA MANOLATOS,

Plaintiff,

Case No.

vs.

UNITED STATES OF AMERICA  
and PAUL SAMUEL LIETO,

Defendant.

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FEMMININEO ATTORNEYS, PLLC  
DAVID C. FEMMININEO (P56471)  
Attorney for Plaintiff  
110 South Main Street  
Mount Clemens, MI 48043  
(586) 954-9500 (586) 954-9900 facsimile  
[David@getdavidgetpaid.com](mailto:David@getdavidgetpaid.com)  
[Dawn@getdavidgetpaid.com](mailto:Dawn@getdavidgetpaid.com) - assistant

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COMPLAINT AND JURY DEMAND

JURISDICTION

1. This Court has jurisdiction over the claim asserted against the defendant, United States of America, pursuant to the Federal Tort Claims Act, 28 USC § 2674 and subject matter jurisdiction pursuant to 28 USC § 1346(b).
2. This Court has supplemental jurisdiction over all other claims asserted against defendant United States of America that they form part of the same case or controversy under Article II of the United States Constitution

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3. The amount in controversy exceeds Seventy-Five Thousand Dollars (\$75,000.00), exclusive of interest, costs and fees.

#### PARTIES

4. Plaintiff re-alleges and reasserts paragraphs 1 through 3 as though fully set forth herein.
5. Plaintiff, Patricia Manolatos, ("Plaintiff Manolatos") is a citizen of the United States whose residence is in the Township of Chesterfield, Macomb County, Michigan.
6. Defendant, Paul Samuel Lieto, ("Defendant Lieto") is, upon information and belief, a citizen of the United States who, on August 23, 2020 was acting within the scope and course of his employment with the US Marshall Service, an agency of the United States of America when he crashed into the vehicle that Plaintiff, Patricia Manolatos, was a passenger in.
7. Defendant, United States of America, was the employer of Defendant Lieto, at all pertinent times.
8. Defendant, United States of America, was the owner, at all pertinent times, of the vehicle driven by Defendant Lieto, which crashed into the vehicle that Plaintiff, Patricia Manolatos, was a passenger in on August 23, 2020.

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### GENERAL ALLEGATIONS

9. Plaintiff re-alleges and reasserts paragraphs 1 through 3 as though fully set forth herein.
10. On August 23, 2020, Plaintiff was a passenger in a vehicle that was traveling on southbound US127 at or near the intersection of US127 and Mansiding Road in the Township of Hatton, in a safe manner, as would that of the ordinary person using care and caution in the same or similar situation.
11. On August 23, 2020, Defendant Lieto was traveling southbound on US127 at or near the intersection of US127 and Mansiding Road, in a 2018 Silver Kia Sorento with Vehicle Identification Number of 5XYPGDA58JG407944 and vehicle registration DRQ5309.
12. Both the vehicle that Plaintiff Manolatos was in and Defendant Lieto's vehicle were driving southbound on US127.
13. Plaintiff Manolatos was in a vehicle that was in front of Defendant Lieto's vehicle.
14. That Defendant Lieto failed to notice traffic stopping and/or slowing and did violently rear end the vehicle that Plaintiff Manolatos was a passenger in.
15. That Plaintiff at no time was comparatively negligent when the vehicle she was in was violently struck.

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16. At all pertinent time, Defendant Lieto was in the service and employment of the US Marshall Service of the Defendant United States of America and was acting within the scope and course of his employment with that agency.
17. On July 2, 2021, Plaintiff Manolatos, sent a claim for damages to the US Marshall Service, giving notice of the collision, requesting review of her claim and seeking \$90,000.00 in damages. (Attachment A)
18. Plaintiff Manolatos received a response dated July 8, 2021 requesting further information which was provided.
19. Plaintiff then sent follow-up correspondence regarding the claim but did not receive a response from the agency, despite phone calls and emails checking the status of the claim. (Attachment B)
20. Plaintiff Manolatos' claim was denied as a matter of law because the US Marshall Service failed to finally dispose of the claim within six months of the date of Plaintiff's initial claim submission.

COUNT I  
NEGLIGENCE, GROSS NEGLIGENCE

21. Plaintiff re-alleges and reasserts paragraphs 1 through 3 as though fully set forth herein
22. At all pertinent times, pursuant to Michigan law, Defendant Lieto, owed a duty to act with ordinary care for the safety of Plaintiff Manolatos, including, but not limited to obeying all laws, statutes and city ordinances while driving the subject vehicle on public roads.

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23. At all pertinent times, Defendant Leito had a duty to act as a reasonably careful person would act under the same or similar circumstances as existed at the time of the subject collision.
24. At all pertinent times, Defendant Leito breached the duties he owed to Plaintiff Manolatos in the following ways including, but not limited to:
  - a. Failure to yield the right of way to Plaintiff traveling on a n arterial roadway in violation of MCL 257.652;
  - b. Failure to yield to oncoming traffic in violation of MCL 257.649;
  - c. Failure to drive with due care and caution so as to avoid endangering vehicles and individuals, Plaintiff Manolatos in particular in violation of MCL 257.626(b).
  - d. Failure to keep Defendant's vehicle under control so as to avoid a collision in violation of MCL 257.626(b);
  - e. Failure to keep a proper lookout for other vehicles;
  - f. Failure to keep a sharp and careful lookout and pay attention to the existing road and traffic conditions in violation of MCL 257.648;

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- g. Driving a motor vehicle in a negligent, careless and reckless manner in willful disregard for the safety of others, particularly Plaintiff Manolatos, upon the highway in violation of MCL 257.625;
- h. Failure to operate a motor vehicle in such manner as to prevent Defendant from stopping his vehicle within an assured, clear distance of Plaintiff's vehicle;
- i. Failure to obey a traffic control device in violation of MCL 257.622;
- j. Failure to take evasive action so as to avoid the collision;
- k. Failure to obey all applicable statutes and/or city ordinances;
- l. All other breaches of duty identified by Defendant Lieto in deposition testimony and/or answers to interrogatories and/or all other discovery, all of which is hereby adopted by reference; and
- m. Any and all other breaches that become known through litigation.

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25. As a direct and proximate result of the negligence and/or gross negligence and/or willful and wanton misconduct of Defendant Lieto, Plaintiff Manolatos suffered the following injuries and damages for which compensation is sought:

- a. Coccyx Fracture
- b. Whiplash
- c. Back Pain
- d. Outpatient/Physical Therapy
- e. Multiple X-rays and MRI's
- f. Bone Scan
- g. Physical Pain and Suffering
- h. Mental Anguish
- i. Depression;
- j. Fright & Shock
- k. Denial of Social Pleasures and Enjoyment
- l. Humiliation and/or Mortification
- m. Various musculoskeletal injuries, bruising and scarring;
- n. Serious impairment of body function pursuant to MCL 500.3135;
- o. Excess Economic Loss;
- p. Past, Present and Future Medical Costs; and

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q. Any and all other Damages allowed under Michigan  
Law.

WHEREFORE, Plaintiff respectfully requests judgment in favor of Plaintiff against Defendants in an amount of excess of \$90,000.00, exclusive of costs, fees and interest.

Respectfully Submitted,

/s/ David C. Femminineo

David C. Femminineo (P56471)  
110 South Main Street  
Mount Clemens, MI 48043  
(586) 954-5900

Dated: March 23, 2022

**Femminineo**

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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

INDEX OF EXHIBITS

| <u>Exhibit</u> | <u>Description</u>                                |
|----------------|---------------------------------------------------|
| A              | Notice to US Marshals Service                     |
| B              | Further information provided and follow up emails |

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# EXHIBIT A



June 24, 2021

David C. Femminineo  
Chase Robl  
Ryan T. DeMeulenaere  
Jennifer L. Lindquist  
Joshua G. Heller

Jacob M. Femminineo, Sr.  
1942-1996

U.S. Marshals Service  
Office of the General Counsel  
Attn: OGC Torts TESM ([USMSTORTClaims@usdoj.gov](mailto:USMSTORTClaims@usdoj.gov))  
Building CG-3, 15<sup>th</sup> Floor  
Washington, D.C. 20530-0001

RE: Patricia Manolatos  
Date of Loss: 8/23/2020

To Whom It May Concern,

Please find enclosed Ms. Manolatos' claim for Damage, Injury or Death regarding an auto accident of August 23, 2020 involving one of your employees in the State of Michigan.

Should you have any questions or concerns, please do not hesitate to contact me.

Very Truly Yours,

FEMMININEO ATTORNEYS, PLLC

*David C. Femminineo*

DCF/dmj

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------|------------------------------------|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | <b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions. |                                                                             |                        | FORM APPROVED<br>OMB NO. 1105-0008 |
| 1. Submit to Appropriate Federal Agency:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | 2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.                                                                            |                                                                             |                        |                                    |
| U.S. Marshals Service<br>Office of the General Counsel<br>Attn: OGC Torts Team (USMSTORTClaims@usdoj.gov)<br>Building CG-3, 15th Floor Washington, D.C.                                                                                                                                                                                                                                                                                                                                               |                      | Patricia Manolatos<br>Care of: David C. Femminineo, Attorney at Law<br>110 South Main Street<br>Mount Clemens, MI 48043                                                                                                          |                                                                             |                        |                                    |
| 3. TYPE OF EMPLOYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4. DATE OF BIRTH     | 5. MARITAL STATUS                                                                                                                                                                                                                | 6. DATE AND DAY OF ACCIDENT                                                 | 7. TIME (A.M. OR P.M.) |                                    |
| <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                                                                                  | 08/23/2020                                                                  | Thursday               | 12:49 p.m.                         |
| 8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| <p>Patricia Manolatos was a passenger in a vehicle that was rear ended by US Marshall Paul Samuel Lieto on US 127 in Clare, MI. (See Police Report Attached) US Marshall Lieto was clearly at fault for causing the accident and the investigation performed by the Clare County Sheriff Department reflects same (See Police Report Attached) Patricia Manolatos was injured as a result of this accident.</p>                                                                                       |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| 9. PROPERTY DAMAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| Adrienne Ruth Kowalski, 57184 Tanglewood Street, New Haven, MI 48048                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| See photographs of the damage to the car in which Patricia Manolatos was a passenger in. (Attached)                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| 10. PERSONAL INJURY/WRONGFUL DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| <p>Patricia Manolatos was transported via EMS to the hospital where she had a suspected coccyx fracture. Claimant has followed up with Dr. Cavataiao (PCP) and PM&amp;R Specialist, Dr. David Davis. Claimant has endured 3 MRI's, a bone scan and multiple x-rays. Claimant has also dutifully attended 6 months of physical therapy. (All records attached) Claimant is also being referred to Dr. Gregory Kulsza for coccyx bone injection therapy (586-263-7150) (Continued on attached page)</p> |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| 11. WITNESSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      | ADDRESS (Number, Street, City, State, and Zip Code)                                                                                                                                                                              |                                                                             |                        |                                    |
| See Police Report Attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| 12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| 12a. PROPERTY DAMAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12b. PERSONAL INJURY | 12c. WRONGFUL DEATH                                                                                                                                                                                                              | 12d. TOTAL (Failure to specify may cause forfeiture of your rights).        |                        |                                    |
| 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 90,000.00            | 0.00                                                                                                                                                                                                                             | 90,000.00                                                                   |                        |                                    |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                                                                                                                                  |                                                                             |                        |                                    |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                                                                                  | 13b. PHONE NUMBER OF PERSON SIGNING FORM                                    |                        | 14. DATE OF SIGNATURE              |
| David C. Femminineo<br>Attorney for Patricia Manolatos                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                                                                                  | 586-954-9500                                                                |                        | 06/24/2021                         |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                                                                  | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS |                        |                                    |
| The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                  | Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)                     |                        |                                    |

| INSURANCE COVERAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                  |
| 15. Do you carry accident insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input type="checkbox"/> No<br>Hanover Insurance Group/Citizens Insurance, 440 Lincoln Street, Worcester, MA 01653<br>Policy Number: A6BA831749                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                  |
| 16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 17. If deductible, state amount. |
| 18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).<br>Insurance carrier has paid all medical bills associated with this loss as well as replacement services (\$20.00 a day). the proximal relationship between the accident and treatment has never been in question.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                  |
| 19. Do you carry public liability and property damage insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input type="checkbox"/> No<br>Hanover Insurance Group/Citizens Insurance, 440 Lincoln Street, Worcester, MA 01653<br>Policy Number: A6BA831749                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                  |
| INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                  |
| <p><b>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</b></p> <p><b>Complete all items - Insert the word NONE where applicable.</b></p> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.</p> <p>DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p> |  |                                  |
| PRIVACY ACT NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                  |
| <p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. <b>Authority:</b> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p> <p>B. <b>Principal Purpose:</b> The information requested is to be used in evaluating claims.</p> <p>C. <b>Routine Use:</b> See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. <b>Effect of Failure to Respond:</b> Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                  |
| PAPERWORK REDUCTION ACT NOTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                  |
| <p>This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                  |

Patricia Manolatos  
DOL: 8.23.2020  
Standard Form 95

10. Continued....

The accident has had a tremendous affect upon her life. She remains in pain daily and must take medication 3 times a day to alleviate the pain. She is no longer able to walk, exercise, socialize, work around the home or perform her normal activities of daily living as she did prior to the accident.

DocuSign Envelope ID: EE8C6720-704F-4898-B71B-7uuE39918C54

**RETAINER FOR LEGAL SERVICES**I, Patricia E. Manolatos, Birthdate, \_\_\_\_\_,

Social Security Number, \_\_\_\_\_, the undersigned, do hereby exclusively employ and retain **FEMMININEO ATTORNEYS, P.L.L.C.** to institute legal proceedings on behalf of me against Paul Lieto/US Marshalls or the proper Defendant or Respondent to recover damages sustained by myself on or about the august 23 day of august 23 20 20 as a result of a Auto Accident, and I do hereby agree with my said attorneys to pay them:

**1/3 of Net Recovery After the Subtraction of Costs of Litigation  
and/or Representation**

|                      |                             |                           |
|----------------------|-----------------------------|---------------------------|
| <b>Illustration:</b> | <b>Gross Recovery .....</b> | <b>\$10,000.00</b>        |
|                      | <b>Costs .....</b>          | <b><u>\$ 1,000.00</u></b> |
|                      | <b>Net Recovery .....</b>   | <b><u>\$ 9,000.00</u></b> |

|                       |                                             |                          |
|-----------------------|---------------------------------------------|--------------------------|
| <b>Attorney Fees:</b> | <b>\$9,000.00 divided by 3 equals .....</b> | <b><u>\$3,000.00</u></b> |
|-----------------------|---------------------------------------------|--------------------------|

|                                |              |                   |
|--------------------------------|--------------|-------------------|
| <b>Net Recovery to Client:</b> | <b>.....</b> | <b>\$6,000.00</b> |
|--------------------------------|--------------|-------------------|

(The \$10,000.00 figure is used merely as an example. This amount is not an estimate, promise or representation regarding a potential recovery in your case. The costs of litigation and/or representation in a legal matter include, but are not limited to filing fees, fees for medical records and reports, duplicating and facsimile costs, fees for expert testimony, deposition transcripts and court reporter fees. This list is intended to give examples of costs and is not intended to represent the only costs incurred in any representation.)

In computing the attorney fees, the costs as taxed and any interest included in or upon the amount of a judgment shall be deemed part of the amount recovered.

This is a Contingent Fee Agreement. If there is no recovery, there is no legal fee.

Client authorizes FEMMININEO ATTORNEYS PLLC. to sign their name to authorizations for records.

As to any recovery, FEMMININEO ATTORNEYS P.L.L.C., is authorized to sign client(s) name to the settlement check(s) and deposit it into their Client's Trust Account.

I hereby agree with my said attorneys not to make any settlement unless they are present and receive their share in accordance with this agreement. By this agreement, I hereby bind my heirs, executors and legal representatives.

**I HAVE READ OVER AND FULLY UNDERSTAND THE ABOVE.**

CONTRACT DATED:

9/9/2020

DocuSigned by

CLIENT SIGNATURE:

SSA19D3121PC4FA

ATTORNEY SIGNATURE:

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                            |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/></p> <p>B. Received by (<i>Printed Name</i>)<br/><i>John Doe</i></p> <p>C. Date of Delivery<br/><i>JUL 02 2021</i></p> | <p>D. Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                          |  | <p>U.S. Marshals Service<br/>Office of the General Counsel<br/>Attn: OGC Torts Team (USMSTORTClaims@usdoj.gov)<br/>Building C-G, 15th Floor<br/>Washington, D.C. 20530-0000</p>                                               | <p>E. Delivery address below:</p> <p><i>John Doe</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                          |  | <p>F. Article Number (<i>Transfer from container</i>)<br/><i>7021 0350 0000 1936 6856</i></p>                                                                                                                                 | <p>G. Service type</p> <p><input checked="" type="checkbox"/> Adult Signature<br/><input type="checkbox"/> Adult Signature Restricted Delivery<br/><input checked="" type="checkbox"/> Certified Mail®<br/><input type="checkbox"/> Certified Mail Restricted Delivery<br/><input type="checkbox"/> Collect on Delivery<br/><input type="checkbox"/> Collect on Delivery Restricted Delivery<br/><input type="checkbox"/> Insured Mail<br/><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p>H. Priority Mail Express®<br/><input type="checkbox"/> Registered Mail™<br/><input type="checkbox"/> Registered Mail Restricted Delivery<br/><input type="checkbox"/> Signature Confirmation™<br/><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
| <p>I. PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>                                                                                                                                                                                    |  |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Law

**Femminineo**

110 S. Main Street  
Mt. Clemens, MI 48043  
586-954-9500

# EXHIBIT B

**David Femminineo**

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**From:** David Femminineo  
**Sent:** Wednesday, February 9, 2022 10:13 AM  
**To:** USMSTORTClaims@usdoj.gov  
**Cc:** Dawn Jury  
**Subject:** Re Patricia Manolatos OGC #52702

I submitted, on behalf of my client Patricia Manolatos, the official Tort Claim (#52702) on July 6, 2021. I received a request for additional information on July 8, 2021. I provided the additional information immediately. It has now been greater than 6 months. Could you please advise where we stand at this point in the process? Thank you.

---

**David Femminineo**  
Managing Partner  
[david@getdavidgetpaid.com](mailto:david@getdavidgetpaid.com)  
586-954-9500

  
**Femminineo**  
110 S. Main Street  
Mount Clemens, MI 48043  
[GetDavidGetPaid.com](http://GetDavidGetPaid.com)  
**855-65CRASH**

**INSTRUCTIONS FOR SUBMITTING AN ADMINISTRATIVE TORT CLAIM  
WITH THE UNITED STATES MARSHALS SERVICE  
(Motor Vehicle Accident Claims)**

In order to complete your claim, you must complete **all** blocks of the attached Standard Form (SF) 95, Claim For Damage, Injury, or Death. You are also required to submit the following information pursuant to 28 C.F.R. § 14.4:

1. If a claim is being made for injuries:
  - a. Physician(s) reports setting forth the nature and extent of your injury; the nature and extent of your treatment; the degree of any temporary or permanent disability; your prognosis; period of any hospitalization; and any diminished earning capacity.
  - b. Itemized bills or paid receipts for medical and hospital expenses incurred.
  - c. If you are claiming for lost wages, a written statement from your employer reflecting actual time lost from employment, whether you are a full or part-time employee, and the amount of wages or salary actually lost.
2. If a claim is being made for property damage:
  - a. Proof of vehicle ownership (e.g., copy of vehicle registration/title, etc.).
  - b. Either two itemized estimates of the cost to repair the vehicle, or if already repaired, a copy of the itemized paid receipt.
  - c. Substantiation of the cost of your out-pocket-expenses arising from the Motor Vehicle Accident.
3. If you are being represented by an attorney, evidence of his or her authority to represent you (e.g., a copy of the signed retainer agreement, etc.). **NOTE:** There is no provision for attorney fees to be separately awarded under the FTCA. See, e.g., 28 U.S.C. § 2412(a)(1). Attorney fees deducted from the amount awarded to you are limited to no more than 20% of the amount of an administrative settlement or no more than 25% of a judgment or a settlement of suit in litigation. See 28 U.S.C. § 2678.

Under the provision of the Federal Tort Claims Act, the Government is afforded six months from the date a completed tort claim is received by this agency to administratively adjudicate the claim before a claimant can institute a civil action [28 U.S.C. § 2675(a)].

Please complete, sign and date the enclosed SF-95. Mail it, along with all required information and available documentation (to include your e-mail address), to:

**Office of General Counsel  
Attn.: OGC Torts Team  
Building CG-3, 15<sup>th</sup> floor  
U.S. Marshals Service  
Washington, D.C. 20530-0001**

In the alternative, you may scan and e-mail your claim form and all documentation to:  
USMSTORTClaims@usdoj.gov

You are responsible for notifying the USMS Office of General Counsel of any changes of address after submitting your claim.

**INSTRUCTIONS FOR SUBMITTING AN ADMINISTRATIVE TORT CLAIM  
WITH THE UNITED STATES MARSHALS SERVICE  
(Prisoner Claims)**

In order to complete your claim, you must complete all blocks of the attached Standard Form (SF) 95, Claim For Damage, Injury, or Death. You are also required to submit the following information pursuant to 28 C.F.R. § 14.4:

1. If a claim is being made for loss of a prisoner's personal property:
  - a. Copies of prisoner personal property receipts from each agency in whose custody you were in (i.e., USMS, BOP, local jail, etc.), up to the time of your alleged loss.
  - b. Include in your narration of the circumstances in Block 8 the names of individuals who were involved in, or who had knowledge of, the loss of your personal property.
  - c. Include your inmate registration number in Block 2.
2. If a claim is being made for injury while a prisoner:
  - a. All available medical documentation to substantiate your claimed injury.
  - b. Include in your narration of the circumstances in Block 8 the names of individuals who were involved in, or who had knowledge of, the circumstances surrounding your injury.
  - c. Include your inmate registration number in Block 2.
3. If you are being represented by an attorney, evidence of his or her authority to represent you (e.g., a copy of the signed retainer agreement, etc.). **NOTE:** There is no provision for attorney fees to be separately awarded under the FTCA. See, e.g., 28 U.S.C. § 2412(a)(1). Attorney fees deducted from the amount awarded to you are limited to no more than 20% of the amount of an administrative settlement or no more than 25% of a judgment or a settlement of suit in litigation. See 28 U.S.C. § 2678.

Under the provision of the Federal Tort Claims Act, the Government is afforded six months from the date a completed tort claim is received by this agency to administratively adjudicate the claim before a claimant can institute a civil action [28 U.S.C. § 2675(a)].

Please complete, sign and date the enclosed SF-95. Mail it, along with all required information and available documentation (to include your e-mail address), to:

**Office of General Counsel  
Attn.: OGC Torts Team  
Building CG-3, 15<sup>th</sup> floor  
U.S. Marshals Service  
Washington, D.C. 20530-0001**

In the alternative, you may scan and e-mail your claim form and all documentation to:  
USMSTORTClaims@usdoj.gov.

You are responsible for notifying the USMS Office of General Counsel of any changes of address after submitting your claim.

**INSTRUCTIONS FOR SUBMITTING AN ADMINISTRATIVE TORT CLAIM  
WITH THE UNITED STATES MARSHALS SERVICE**  
**(*Other Claims*)**

In order to complete your claim, you must complete all blocks of the attached Standard Form (SF) 95, Claim For Damage, Injury, or Death. You are also required to submit the following information pursuant to 28 C.F.R. § 14.4:

1. If a claim is being made for injuries:
  - a. Physician(s) reports setting forth the nature and extent of your injury; the nature and extent of your treatment; the degree of any temporary or permanent disability; your prognosis; period of any hospitalization; and any diminished earning capacity.
  - b. Itemized bills or paid receipts for medical and hospital expenses incurred.
  - c. If you are claiming for lost wages, a written statement from your employer reflecting actual time lost from employment, whether you are a full or part-time employee, and the amount of wages or salary actually lost.
2. If a claim is being made for personal or real property loss or damage:
  - a. Proof of property ownership (e.g., copy of vehicle registration/title, deed, mortgage documents, property receipts, landlord/tenant agreement, etc.).
  - b. Either two itemized estimates of the cost to repair/replace the property, or a copy of the itemized paid receipt.
  - c. Proof of current market value of missing or damaged-beyond-repair property.
3. If you are being represented by an attorney, evidence of his or her authority to represent you (e.g., a copy of the signed retainer agreement, etc.). **NOTE:** There is no provision for attorney fees to be separately awarded under the FTCA. See, e.g., 28 U.S.C. § 2412(a)(1). Attorney fees deducted from the amount awarded to you are limited to no more than 20% of the amount of an administrative settlement or no more than 25% of a judgment or a settlement of suit in litigation. See 28 U.S.C. § 2678.

Under the provision of the Federal Tort Claims Act, the Government is afforded six months from the date a completed tort claim is received by this agency to administratively adjudicate the claim before a claimant can institute a civil action [28 U.S.C. § 2675(a)].

Please complete, sign and date the enclosed SF-95. Mail it, along with all required information and available documentation (to include your e-mail address), to:

**Office of General Counsel  
Attn.: OGC Torts Team  
Building CG-3, 15<sup>th</sup> floor  
U.S. Marshals Service  
Washington, D.C. 20530-0001**

In the alternative, you may scan and e-mail your claim form and all documentation to:  
[USMSTORTClaims@usdoj.gov](mailto:USMSTORTClaims@usdoj.gov).

You are responsible for notifying the USMS Office of General Counsel of any changes of address after submitting your claim.

## CIVIL COVER SHEET

County in which action arose: \_\_\_\_\_

JS 44 (Rev. 10/20)

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

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| <b>I. (a) PLAINTIFFS</b> <i>PATRICA MANOLATOS</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| (b) County of Residence of First Listed Plaintiff <i>MACOMB</i><br><i>(EXCEPT IN U.S. PLAINTIFF CASES)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | County of Residence of First Listed Defendant _____<br><i>(IN U.S. PLAINTIFF CASES ONLY)</i>                                                                                                                                                                                                                                                                                                                                                                                                              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| (c) Attorneys (Firm Name, Address, and Telephone Number)<br><i>Femininino Attorneys, PLC<br/>DAVID C. FEMINININO<br/>110 S. Main, Mt. Clemens, MI 48043</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                 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Government Not a Party)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Citizen of This State <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 1 PTF DEF Incorporated or Principal Place of Business In This State                                                                                                                                                                                                                                                                                                                                 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Citizenship of Parties in Item III)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Citizen of Another State <input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State                                                                                                                                                                                                                                                                                                                                                     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| <b>IV. 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| <table border="1"> <tr> <td><b>CONTRACT</b></td> <td><b>TORTS</b></td> <td><b>FORFEITURE/PENALTY</b></td> <td><b>BANKRUPTCY</b></td> <td><b>OTHER STATUTES</b></td> </tr> <tr> <td> <input type="checkbox"/> 110 Insurance<br/> <input type="checkbox"/> 120 Marine<br/> <input type="checkbox"/> 130 Miller Act<br/> <input type="checkbox"/> 140 Negotiable Instrument<br/> <input type="checkbox"/> 150 Recovery of Overpayment &amp; Enforcement of Judgment<br/> <input type="checkbox"/> 151 Medicare Act<br/> <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)<br/> <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br/> <input type="checkbox"/> 160 Stockholders' Suits<br/> <input type="checkbox"/> 190 Other Contract<br/> <input type="checkbox"/> 195 Contract Product Liability<br/> <input type="checkbox"/> 196 Franchise         </td> <td> <b>PERSONAL INJURY</b><br/> <input type="checkbox"/> 310 Airplane<br/> <input type="checkbox"/> 315 Airplane Product Liability<br/> <input type="checkbox"/> 320 Assault, Libel &amp; Slander<br/> <input type="checkbox"/> 330 Federal Employers' Liability<br/> <input type="checkbox"/> 340 Marine<br/> <input type="checkbox"/> 345 Marine Product Liability<br/> <input type="checkbox"/> 350 Motor Vehicle<br/> <input type="checkbox"/> 355 Motor Vehicle Product Liability<br/> <input type="checkbox"/> 360 Other Personal Injury<br/> <input type="checkbox"/> 362 Personal Injury - Medical Malpractice         </td> <td> <b>PERSONAL INJURY</b><br/> <input type="checkbox"/> 365 Personal Injury - Product Liability<br/> <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability<br/> <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability<br/> <b>PERSONAL PROPERTY</b><br/> <input type="checkbox"/> 370 Other Fraud<br/> <input type="checkbox"/> 371 Truth in Lending<br/> <input type="checkbox"/> 380 Other Personal Property Damage<br/> <input type="checkbox"/> 385 Property Damage Product Liability         </td> <td> <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br/> <input type="checkbox"/> 690 Other         </td> <td> <input type="checkbox"/> 422 Appeal 28 USC 158<br/> <input type="checkbox"/> 423 Withdrawal 28 USC 157<br/> <b>PROPERTY RIGHTS</b><br/> <input type="checkbox"/> 820 Copyrights<br/> <input type="checkbox"/> 830 Patent<br/> <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application<br/> <input type="checkbox"/> 840 Trademark<br/> <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016         </td> <td> <input type="checkbox"/> 375 False Claims Act<br/> <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))<br/> <input type="checkbox"/> 400 State Reapportionment<br/> <input type="checkbox"/> 410 Antitrust<br/> <input type="checkbox"/> 430 Banks and Banking<br/> <input type="checkbox"/> 450 Commerce<br/> <input type="checkbox"/> 460 Deportation<br/> <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations<br/> <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)<br/> <input type="checkbox"/> 485 Telephone Consumer Protection Act<br/> <input type="checkbox"/> 490 Cable/Sat TV<br/> <input type="checkbox"/> 850 Securities/Commodities/ Exchange<br/> <input type="checkbox"/> 890 Other Statutory Actions<br/> <input type="checkbox"/> 891 Agricultural Acts<br/> <input type="checkbox"/> 893 Environmental Matters<br/> <input type="checkbox"/> 895 Freedom of Information Act<br/> <input type="checkbox"/> 896 Arbitration<br/> <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision<br/> <input type="checkbox"/> 950 Constitutionality of State Statutes         </td> </tr> <tr> <td><b>REAL PROPERTY</b></td> <td><b>CIVIL RIGHTS</b></td> <td><b>PRISONER PETITIONS</b></td> <td><b>SOCIAL SECURITY</b></td> <td><b>FEDERAL TAX SUITS</b></td> </tr> <tr> <td> <input type="checkbox"/> 210 Land Condemnation<br/> <input type="checkbox"/> 220 Foreclosure<br/> <input type="checkbox"/> 230 Rent Lease &amp; Ejectment<br/> <input type="checkbox"/> 240 Torts to Land<br/> <input type="checkbox"/> 245 Tort Product Liability<br/> <input type="checkbox"/> 290 All Other Real Property         </td> <td> <input type="checkbox"/> 440 Other Civil Rights<br/> <input type="checkbox"/> 441 Voting<br/> <input type="checkbox"/> 442 Employment<br/> <input type="checkbox"/> 443 Housing/ Accommodations<br/> <input type="checkbox"/> 445 Amer. w/Disabilities - Employment<br/> <input type="checkbox"/> 446 Amer. w/Disabilities - Other<br/> <input type="checkbox"/> 448 Education         </td> <td> <b>Habeas Corpus:</b><br/> <input type="checkbox"/> 463 Alien Detainee<br/> <input type="checkbox"/> 510 Motions to Vacate Sentence<br/> <input type="checkbox"/> 530 General<br/> <input type="checkbox"/> 535 Death Penalty<br/> <b>Other:</b><br/> <input type="checkbox"/> 540 Mandamus &amp; Other<br/> <input 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| <input type="checkbox"/> 110 Insurance<br><input type="checkbox"/> 120 Marine<br><input type="checkbox"/> 130 Miller Act<br><input type="checkbox"/> 140 Negotiable Instrument<br><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment<br><input type="checkbox"/> 151 Medicare Act<br><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)<br><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br><input type="checkbox"/> 160 Stockholders' Suits<br><input type="checkbox"/> 190 Other Contract<br><input type="checkbox"/> 195 Contract Product Liability<br><input type="checkbox"/> 196 Franchise                                                                                                                                                                                                                                                                                                                                            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Airplane<br><input type="checkbox"/> 315 Airplane Product Liability<br><input type="checkbox"/> 320 Assault, Libel & Slander<br><input type="checkbox"/> 330 Federal Employers' Liability<br><input type="checkbox"/> 340 Marine<br><input type="checkbox"/> 345 Marine Product Liability<br><input type="checkbox"/> 350 Motor Vehicle<br><input type="checkbox"/> 355 Motor Vehicle Product Liability<br><input type="checkbox"/> 360 Other Personal Injury<br><input type="checkbox"/> 362 Personal Injury - Medical Malpractice | <b>PERSONAL INJURY</b><br><input type="checkbox"/> 365 Personal Injury - Product Liability<br><input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability<br><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability<br><b>PERSONAL PROPERTY</b><br><input type="checkbox"/> 370 Other Fraud<br><input type="checkbox"/> 371 Truth in Lending<br><input type="checkbox"/> 380 Other Personal Property Damage<br><input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br><input type="checkbox"/> 690 Other                                                                                                                                                                                                                                                 | <input type="checkbox"/> 422 Appeal 28 USC 158<br><input type="checkbox"/> 423 Withdrawal 28 USC 157<br><b>PROPERTY RIGHTS</b><br><input type="checkbox"/> 820 Copyrights<br><input type="checkbox"/> 830 Patent<br><input type="checkbox"/> 835 Patent - Abbreviated New Drug Application<br><input type="checkbox"/> 840 Trademark<br><input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 | <input type="checkbox"/> 375 False Claims Act<br><input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))<br><input type="checkbox"/> 400 State Reapportionment<br><input type="checkbox"/> 410 Antitrust<br><input type="checkbox"/> 430 Banks and Banking<br><input type="checkbox"/> 450 Commerce<br><input type="checkbox"/> 460 Deportation<br><input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations<br><input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)<br><input type="checkbox"/> 485 Telephone Consumer Protection Act<br><input type="checkbox"/> 490 Cable/Sat TV<br><input type="checkbox"/> 850 Securities/Commodities/ Exchange<br><input type="checkbox"/> 890 Other Statutory Actions<br><input type="checkbox"/> 891 Agricultural Acts<br><input type="checkbox"/> 893 Environmental Matters<br><input type="checkbox"/> 895 Freedom of Information Act<br><input type="checkbox"/> 896 Arbitration<br><input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision<br><input type="checkbox"/> 950 Constitutionality of State Statutes |                       |                                                                                                  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| <input type="checkbox"/> 210 Land Condemnation<br><input type="checkbox"/> 220 Foreclosure<br><input type="checkbox"/> 230 Rent Lease & Ejectment<br><input type="checkbox"/> 240 Torts to Land<br><input type="checkbox"/> 245 Tort Product Liability<br><input type="checkbox"/> 290 All Other Real Property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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type="checkbox"/> 441 Voting<br><input type="checkbox"/> 442 Employment<br><input type="checkbox"/> 443 Housing/ Accommodations<br><input type="checkbox"/> 445 Amer. w/Disabilities - Employment<br><input type="checkbox"/> 446 Amer. w/Disabilities - Other<br><input type="checkbox"/> 448 Education                                                                                                                                                                                                                         | <b>Habeas Corpus:</b><br><input type="checkbox"/> 463 Alien Detainee<br><input type="checkbox"/> 510 Motions to Vacate Sentence<br><input type="checkbox"/> 530 General<br><input type="checkbox"/> 535 Death Penalty<br><b>Other:</b><br><input type="checkbox"/> 540 Mandamus & Other<br><input type="checkbox"/> 550 Civil Rights<br><input type="checkbox"/> 555 Prison Condition<br><input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement                                                              | <input type="checkbox"/> 710 Fair Labor Standards Act<br><input type="checkbox"/> 720 Labor/Management Relations<br><input type="checkbox"/> 740 Railway Labor Act<br><input type="checkbox"/> 751 Family and Medical Leave Act<br><input type="checkbox"/> 790 Other Labor Litigation<br><input type="checkbox"/> 791 Employee Retirement Income Security Act | <input type="checkbox"/> 861 HIA (1395ff)<br><input type="checkbox"/> 862 Black Lung (923)<br><input type="checkbox"/> 863 DIWC/DIWW (405(g))<br><input type="checkbox"/> 864 SSID Title XVI<br><input type="checkbox"/> 865 RSI (405(g))                                                                                                                                                             | <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)<br><input type="checkbox"/> 871 IRS—Third Party 26 USC 7609                                                                                                          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| <b>V. 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| Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):<br><i>28 USC § 2674 + 28 USC §§ 1346 (b)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Brief description of cause:<br><i>AUTO ACCIDENT</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>VII. REQUESTED IN COMPLAINT:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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          |                                                                                                                                                                                                                                                                                                                                                                | DEMAND \$ <i>\$ 90,000</i>                                                                                                                                                                                                                                                                                                                                                                            | CHECK YES only if demanded in complaint:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                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| <b>VIII. RELATED CASE(S) IF ANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| DATE<br><i>5/23/22</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                    | SIGNATURE OF ATTORNEY OF RECORD<br><i>Dave Feminino</i>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                           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| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| RECEIPT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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JUDGE                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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## PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

Yes  
 No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

Yes  
 No

If yes, give the following information:

Court: \_\_\_\_\_

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

Notes :

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